



Lymphogranuloma Venereum (LGV) Surveillance Project

Lymphogranuloma venereum (LGV) is a systemic, sexually transmitted disease (STD) caused by a type of *Chlamydia trachomatis* (serovars L1, L2, L3) that rarely occurs in the United States and other industrialized countries. However, a recent outbreak in the Netherlands (*MMWR* Oct. 29, 2004) and reported cases in Europe suggest there may be an increase in cases in the U.S., especially among men who have sex with men (MSM).

To evaluate LGV infection in the U.S., the Centers for Disease Control and Prevention (CDC), Division of STD Prevention (DSTDP) is tracking the number of cases of LGV. We are asking clinicians of patients with clinical symptoms consistent with LGV to report these cases to their local health departments and to CDC. Symptoms of LGV include: mucous or purulent anal discharge, rectal bleeding, constipation, inguinal/femoral lymphadenopathy (buboes), genital or rectal ulcer or papule, anal spasms, and tenesmus.

In states that lack laboratory capacity to perform LGV diagnostic testing of clinical specimens, the CDC's *Chlamydia* Laboratory will provide laboratory support. CDC will test specimens for *C. trachomatis* (if not available locally), and specimens which test positive for *Chlamydia* will be typed to determine if LGV is present.

Clinicians and laboratories may submit specimens to CDC's *Chlamydia* Laboratory by following the procedures for collection and shipment of clinical specimens as described in the specimen collection form (attached).

We are also asking clinicians to complete a questionnaire for any patient suspected of having LGV. Completion of the questionnaire will greatly enhance our understanding of the characteristics of persons with LGV in the United States and will contribute to local disease control activities.

Attached are copies of the October 29, 2004 *MMWR* article, the specimen collection form and clinician questionnaire for patients suspected of having LGV. The *MMWR* article describes the Netherlands LGV outbreak and LGV clinical signs and symptoms, and summarizes CDC's STD Treatment Guidelines for LGV.

Please contact both your local health department and CDC if you have patients you suspect of having LGV. If you have additional questions about CDC surveillance activities, please contact Dr. Catherine McLean (CMclean@cdc.gov). Thank you in advance for your efforts to assist in prompt LGV identification and disease control efforts in the United States

For recent CDC update on *Lymphogranuloma venereum* and treatment recommendations for symptomatic patients and sex partner contacts, see the October 29, 2004 MMWR <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm>.

Instructions for Collection of Specimens for *Lymphogranuloma venereum* Testing

- I. Purpose: To provide guidance for collection and shipping of specimens from patients you suspect may have LGV.
- II. Symptoms of LGV:
 - Genital or rectal papule or ulcer
 - Tender, unilateral or bilateral inguinal and/or femoral adenopathy +/- local ulceration
 - Proctocolitis, hemorrhagic or non-hemorrhagic
 - Manifestations similar to inflammatory bowel disease
 - Tenesmus
- III. Specimen Collection Procedures (Clinicians)

Please submit both rectal specimens and serum from patients you suspect may have LGV.

 - 1) Rectal specimen collection
 - a. Equipment

For *immediate* collection (i.e. the patient is in clinic now or will be in the next day): Use the small swab in the tube included in a standard DNA hybridization (GenProbe) or DNA amplification test (BD, GenProbe, TMA, Roche) for specimen collection *not* the large tipped cleaning swab. If these test kits are not available, you may use a sterile, DRY swab. Place the swab into a specimen collection tube (no fluid or jelled medium should be included in the tube).
 - b. Collection Technique

Blind rectal specimens should be collected prior to anoscopy or sigmoidoscopy. Insert swab 3-5 cm into rectum, rotate against rectal wall several times. Discard swabs grossly contaminated with feces and repeat collection. If anoscopy or sigmoidoscopy is performed, collect specimen from visible mucosal ulceration. Specimens obtained during direct visualization when performing anoscopy or sigmoidoscopy are preferable.
 - 2) Serum collection
 - a. Collect approximately 5 mL of blood in red top vacutainer tube, and send to your local laboratory. Laboratory processing should include the following: prepare serum by incubating freshly drawn blood at 37° C for 30 minutes for clot to form. Then move to 4° C overnight to allow clot to contract. Serum should be separated by centrifugation at 10,000g for 10 minutes at 4° C. Your state PHL may assist with this procedure.
 - 3) Sex partner contacts

For asymptomatic sex partner contacts of a suspected or confirmed LGV case, you may also submit specimens for LGV testing if local lab urethral/urine testing is positive for *C. trachomatis*. Residual specimens can be reflex tested for genotype determination. The minimal volume of urine required for reflex genotyping is 1 mL but larger volumes are encouraged (up to 20 mL). Please also submit a serological specimen from these patients.

- 4) Other specimens
Other specimens may also be accepted. Please call John Papp or Catherine McLean to discuss first.

IV. Specimen packaging, storage, and shipping procedures

1) Labeling and Packaging

Package as typically packaged for sending specimens to your state lab. Specimens must be shipped to CDC following the Department of Transportation's Guidelines for shipping "Diagnostic specimens".

2) Specimen Storage Instructions

- Swabs can be stored at 2 to 8°C for up to 7 days. For longer storage, swabs should be frozen at -70°C and tested within 60 days of collection.
- Urine specimens should be frozen at -20°C and held in that condition during transit to CDC. Shipment to CDC should be arranged within 7 days of collection.
- Pack specimens for shipping with insulated cold pack or freezer pack.
 - ✓ Label each specimen with patient's clinic ID#, clinic name and anatomical site of specimen collection.
 - ✓ Please include a separate specimen information sheet for each specimen submitted in the shipment. Specimen information sheets are included at the back of this form and may be copied as necessary.

3) Shipping Instructions

- Specimens should be sent to your state public health laboratory with labeling that clearly indicates that the specimens should be referred to CDC.
- The state public health lab will need to complete DASH forms and follow the usual submission procedures for sending referral specimens to CDC. The state public health labs are familiar with these procedures.
- The state lab can then send the specimen(s) to CDC at the following address:

**Centers for Disease Control and Prevention
Data and Specimen Handling Activity (DASH), Unit 32
BLDG 4, RM B35—G12
1600 Clifton Road NE
Atlanta, GA 30333
Attn: John Papp, Chlamydia Laboratory**

- **Note:** Reference testing specimens are accepted from State Health Department and Federal Agencies only. Specimens are sent to DASH first, and then will be transferred to Dr. Papp's laboratory.
- For questions regarding specimen handling and shipping, contact John Papp (404-639-3785) or Email: JPapp@cdc.gov.
- When specimens are shipped, please email Catherine McLean, CMclean@cdc.gov to notify the LGV Surveillance team

- 4) If you have a patient you suspect may have LGV or you have questions regarding these procedures, please contact:

Catherine McLean, MD, Division of STD Prevention (CDC)

Phone: (404) 639-8467, Fax: (404) 639-8610, Email: CMcLean@cdc.gov

Specimen Information Sheets: Please cut apart to use, or make duplicate copies as needed.

Your Name _____
Clinic Name _____
Clinic Address _____
Contact phone number _____
Fax number _____
Email _____
Clinic Patient Identification Number _____
Patient Name _____ Birthdate ____/____/____
Anatomic site of specimen(s) _____
Specimen Collected Under Direct Visualization: ☐ yes ☐ no
Date of specimen collection _____

☐ Check here if Catherine McLean, CMclean@cdc.gov has been emailed specimen shipment notification

Your Name _____
Clinic Name _____
Clinic Address _____
Contact phone number _____
Fax number _____
Email _____
Clinic Patient Identification Number _____
Patient Name _____ Birthdate ____/____/____
Anatomic site of specimen(s) _____
Specimen Collected Under Direct Visualization: ☐ yes ☐ no
Date of specimen collection _____

☐ Check here if Catherine McLean, CMclean@cdc.gov has been emailed specimen shipment notification

Your Name _____
Clinic Name _____
Clinic Address _____
Contact phone number _____
Fax number _____
Email _____
Clinic Patient Identification Number _____
Patient Name _____ Birthdate ____/____/____
Anatomic site of specimen(s) _____
Specimen Collected Under Direct Visualization: ☐ yes ☐ no
Date of specimen collection _____

☐ Check here if Catherine McLean, CMclean@cdc.gov has been emailed specimen shipment notification

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

If you have a suspected LGV case or questions about this form, please contact Dr. Catherine McLean at the Centers for Disease Control and Prevention's Division of STD Prevention at (404) 639-8467, Fax # (404) 639-8610 or CMcLean@cdc.gov.

Today's Date : - -

Name of Person Completing this Form: _____

Affiliation (e.g. clinic, health department) : _____

Phone # : _____ Fax # : _____ Email : _____

Clinic Where Patient was Seen for Suspected LGV : _____

Clinic Location : City _____ State : _____

Clinic Type: ☐ STD Clinic ☐ Primary Care
☐ HIV/AIDS/ID Clinic ☐ Emergency Department
☐ Other (Specify Type): _____

Patient's Clinic ID#: _____

Was your local or state health department informed of this suspected case? ☐ yes ☐ no ☐ unk
If no or unknown, please contact your local health department.

Patient's Demographic Information

1. Sex: ☐ Male ☐ Female ☐ Transgender (☐ M-to-F or ☐ F-to-M)

2. Age: _____ 3. State Where Patient Resides: _____ 4. Patient's Zipcode: _____

5. Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

6. Race (Check all that apply): ☐ American Indian/Alaskan Native ☐ White
☐ Native Hawaiian/Pacific Islander ☐ Black
☐ Asian ☐ Other: _____
☐ Don't know

Clinical Information

7. Date of Initial Health Care Visit for Suspected LGV: - -

8. What was the patient's chief complaint(s) at the initial clinic visit for suspected LGV ?

9. Is this patient the sex partner of a person diagnosed with proven or suspected LGV ?
☐ yes ☐ no ☐ unknown

10. Does the patient report having a sex partner with symptoms consistent with LGV?
☐ yes ☐ no ☐ unknown

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

11. Symptoms: Did the patient report having any of the following symptoms?

Symptom	Duration (# Days)	Still Present?
Anal Discharge <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Rectal Bleeding <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Constipation <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Lymph node enlargement in groin <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Ulcer <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk Painful? <input type="checkbox"/> yes <input type="checkbox"/> no Site: _____		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Papule <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk Painful? <input type="checkbox"/> yes <input type="checkbox"/> no Site: _____		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Fever <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Weight Loss <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Anal Spasms (cramping) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk
Other: _____ <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk

12. Clinical Exam Findings (*Check all that apply*) :

<input type="checkbox"/> Inguinal Lymphadenopathy (Bubo) <input type="checkbox"/> unilateral <input type="checkbox"/> bilateral <input type="checkbox"/> tender at adenopathy site	<input type="checkbox"/> Mucous or purulent anal discharge	Rectal exam (digital), findings (if done): _____ _____
<input type="checkbox"/> Ulcer Tender? <input type="checkbox"/> yes <input type="checkbox"/> no Site: _____	<input type="checkbox"/> Rectal bleeding	Anoscopy/Proctoscopy Done ? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk Findings/Visualization : _____
<input type="checkbox"/> Papule Tender ? <input type="checkbox"/> yes <input type="checkbox"/> no Site: _____	<input type="checkbox"/> Fever	_____
<input type="checkbox"/> Other (List) : _____	<input type="checkbox"/> Weight loss	Sigmoidoscopy Done? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk Findings/Visualization : _____ _____ _____

13. Was treatment given for suspected LGV ? ☐ yes ☐ no ☐ unknown

Drug: _____ Dose: _____ Frequency: _____ #Days: _____

14. Does the patient have a history of chlamydial infection in the past year (not including current diagnosis)? ☐ yes ☐ no ☐ don't know

14a. If yes, #1 Anatomic Site: _____ Date: MM-DD-YY Tx: _____

#2 Anatomic Site: _____ Date: MM-DD-YY Tx: _____

15. Patient's HIV Status : ☐ positive ☐ negative ☐ unknown Last Test, if known: MM-DD-YY

15a. If HIV+, Most recent CD4 Count: _____ Date: MM-DD-YY

Most recent Viral Load: _____ Date: MM-DD-YY

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

16. Check other STDs for which tests were conducted at the initial LGV clinic visit and test results, if available (*Check all that apply*).

STD	Test Results	Test Type
<input type="checkbox"/> Gonorrhea--Urine	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unk	<input type="checkbox"/> NAATS <input type="checkbox"/> unk
<input type="checkbox"/> Gonorrhea--Rectal	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unk	<input type="checkbox"/> culture <input type="checkbox"/> unk <input type="checkbox"/> NAATS
<input type="checkbox"/> Gonorrhea--Oropharyngeal	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unk	<input type="checkbox"/> culture <input type="checkbox"/> unk <input type="checkbox"/> NAATS
<input type="checkbox"/> Trichomonas	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unk	<input type="checkbox"/> culture <input type="checkbox"/> unk <input type="checkbox"/> wet mount
<input type="checkbox"/> Syphilis—Non-Treponemal Test	<input type="checkbox"/> reactive <input type="checkbox"/> non-reactive <input type="checkbox"/> unk Titer: _____ / _____	<input type="checkbox"/> RPR <input type="checkbox"/> VDRL <input type="checkbox"/> Other <input type="checkbox"/> unk
<input type="checkbox"/> Syphilis—Treponemal Test	<input type="checkbox"/> reactive <input type="checkbox"/> non-reactive <input type="checkbox"/> unk	<input type="checkbox"/> FTA-ABS <input type="checkbox"/> TP-PA <input type="checkbox"/> Other <input type="checkbox"/> unk
<input type="checkbox"/> Syphilis Ulcer/Chancre	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unk	<input type="checkbox"/> Darkfield <input type="checkbox"/> unk
<input type="checkbox"/> Genital/Rectal Herpes	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> unk	<input type="checkbox"/> culture <input type="checkbox"/> unk <input type="checkbox"/> other _____
<input type="checkbox"/> Other		

17. Chlamydia Diagnostic Tests at Visit for Suspected LGV :

CT Specimen Type/Lab Used	CT Test Results	Test Type (if known)
<input type="checkbox"/> Urine Lab Name: _____	<input type="checkbox"/> positive <input type="checkbox"/> equivocal <input type="checkbox"/> negative <input type="checkbox"/> unknown	<input type="checkbox"/> GenProbe Aptima <input type="checkbox"/> Roche Amplicor <input type="checkbox"/> BD ProbeTec <input type="checkbox"/> Other: _____
<input type="checkbox"/> Urethral Swab Lab Name: _____	<input type="checkbox"/> positive <input type="checkbox"/> equivocal <input type="checkbox"/> negative <input type="checkbox"/> unknown	<input type="checkbox"/> Culture <input type="checkbox"/> GenProbe Aptima <input type="checkbox"/> GenProbe PACE <input type="checkbox"/> BD ProbeTec <input type="checkbox"/> Roche Amplicor <input type="checkbox"/> unknown <input type="checkbox"/> Antigen detection(specify): _____ <input type="checkbox"/> Other(specify): _____
<input type="checkbox"/> Rectal Swab #1 Lab Name: _____	<input type="checkbox"/> positive <input type="checkbox"/> equivocal <input type="checkbox"/> negative <input type="checkbox"/> unknown	<input type="checkbox"/> Culture <input type="checkbox"/> GenProbe Aptima <input type="checkbox"/> GenProbe PACE <input type="checkbox"/> BD ProbeTec <input type="checkbox"/> Roche Amplicor <input type="checkbox"/> unknown <input type="checkbox"/> Other (specify): _____ Was specimen collected under direct visualization during anoscopy or sigmoidoscopy ? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
<input type="checkbox"/> Rectal Swab #2 Lab Name: _____	<input type="checkbox"/> positive <input type="checkbox"/> equivocal <input type="checkbox"/> negative <input type="checkbox"/> unknown	<input type="checkbox"/> Culture <input type="checkbox"/> GenProbe Aptima <input type="checkbox"/> GenProbe PACE <input type="checkbox"/> BD ProbeTec <input type="checkbox"/> Roche Amplicor <input type="checkbox"/> unknown <input type="checkbox"/> Other (specify): _____ Was specimen collected under direct visualization during anoscopy or sigmoidoscopy ? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
<input type="checkbox"/> Serology Lab Name: _____	Titer (if known): ____/____ Optical Density (if done): _____	<input type="checkbox"/> CF <input type="checkbox"/> MIF <input type="checkbox"/> EIA <input type="checkbox"/> Other
<input type="checkbox"/> Other: _____ Lab Name: _____	Describe Results :	Describe Test Type:

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

Patient's Sexual and Travel History (if available)

18. Did patient exchange sex for drugs or money in the past 60 days?

☐ yes ☐ no ☐ unknown

19. Number of **male sex partners** the patient had in the past 60 days : _____

19a. Did the patient have sex (anal, vaginal) without a condom with any of these male partners?
☐ yes ☐ no ☐ unknown

19b. Did the patient have receptive anal intercourse with any of these male partners?
☐ yes ☐ no ☐ unknown

19c. For male patients only: Did the patient have insertive anal intercourse with any of these male partners?
☐ yes ☐ no ☐ unknown

20. Number of **female sex partners** the patient had in the past 60 days : _____

For male patients only:

20a. Did the patient have insertive anal intercourse with any of these female partners?
☐ yes ☐ no ☐ unknown

21. Did the patient travel outside the state where the clinic is located in the past 60 days (including international travel)?
☐ yes ☐ no ☐ unknown

21a. If yes, where did the patient travel (include dates)?

Location : _____ Dates : _____

Location : _____ Dates : _____

Location : _____ Dates : _____

21b. Did the patient have sex with a person from that area or another traveler while there?

☐ yes ☐ no ☐ unknown

If yes, which location and indicate if sex was with someone from the local area or a fellow traveler for each:

Location : _____ and contact: _____

Location : _____ and contact: _____

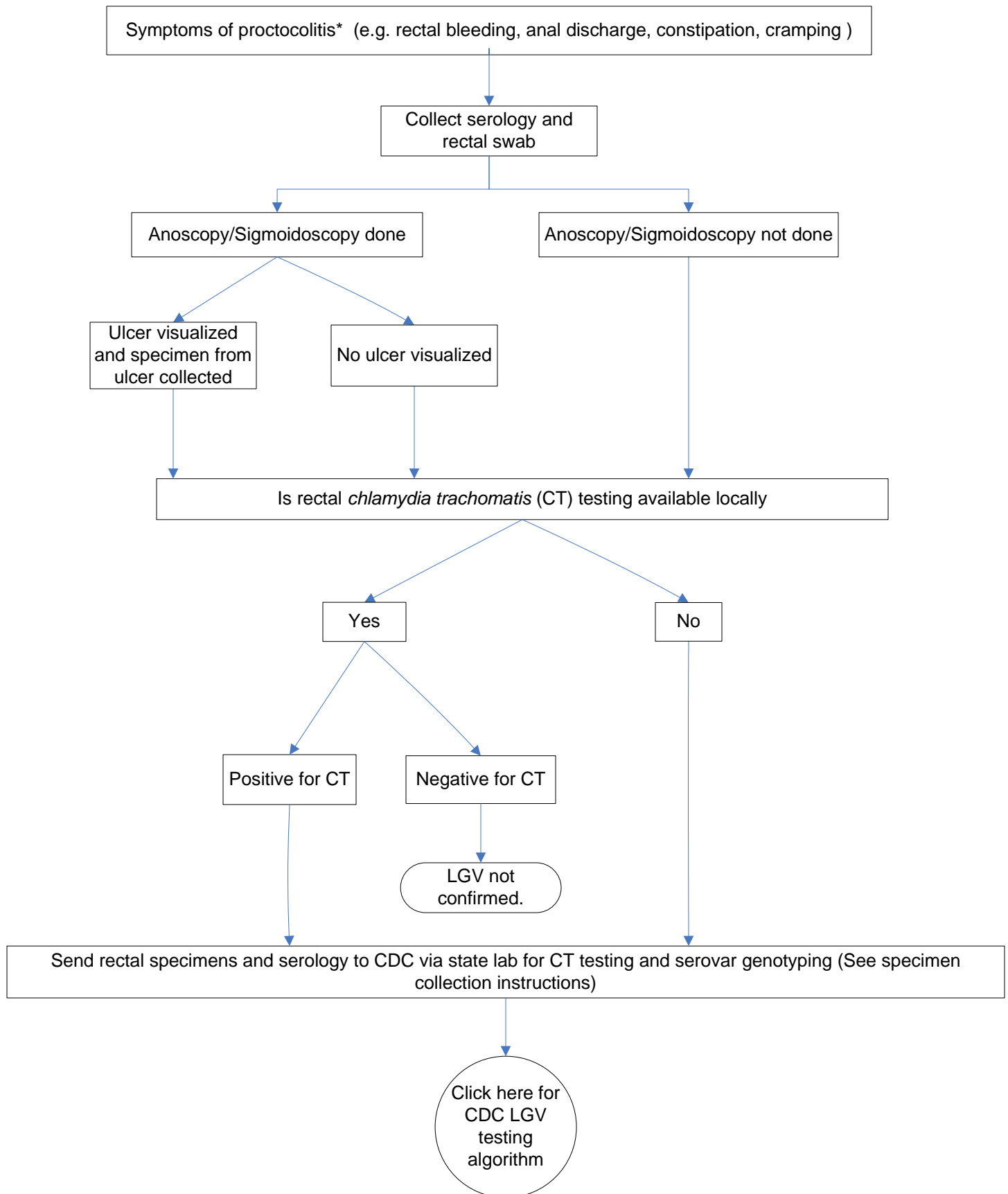
Location : _____ and contact: _____

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

Additional Comments You Have (e.g. other history, risk factors, or behaviors of relevance for this suspected case:

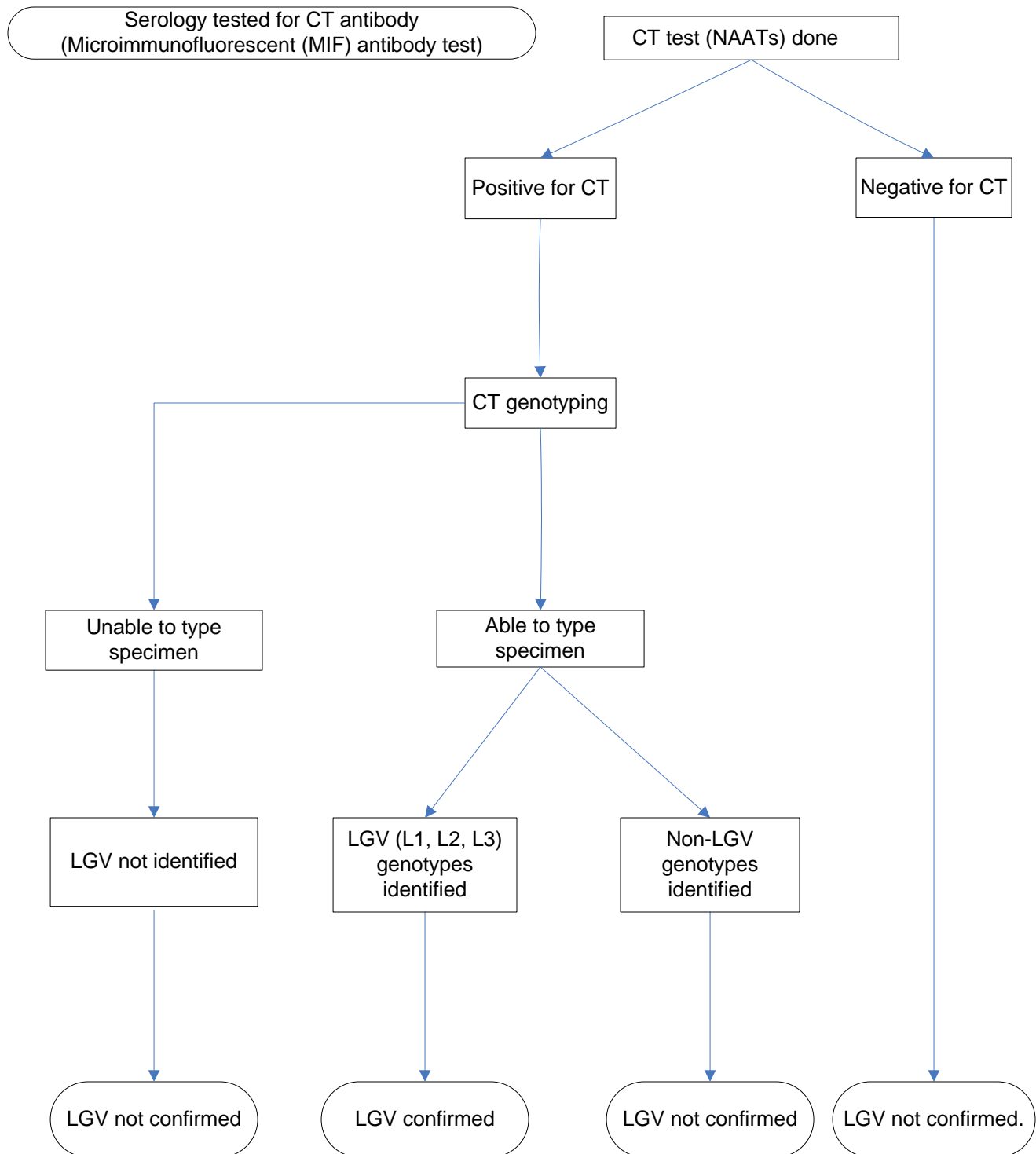
Thank you for your time. Please fax this form to Dr. Catherine McLean at (404) 639-8610

Specimen Collection for Lymphogranuloma venereum (LGV) testing



* For patients with classic LGV symptoms (eg. genital papule or ulcer and inguinal lymphadenopathy) and for patients who are asymptomatic sex partners of LGV case patients, collect urethral (or urine) specimens and test locally for CT. If positive for CT, send urethral/urine specimen and serology to CDC for typing. (See instructions)

CDC laboratory testing for Lymphogranuloma venereum (LGV)



NOTE: There are three patients with two specimens. The results of the first specimen tested are included in the flow. Results for second specimens were 2 CT negative and 1 pending.